

Labor Organization Officer
and Employee Report

U.S. Department of Labor
Employment Standards Administration
Office of Labor-Management Standards



This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439,440.

Form approved - OMB No. 1215-0188
Expires 11-30-2002

LM - 011755

1. Name and address of person filing Robin Dale True 126 Cherrywood Cape Girardeau, MO 63701		2. Name and address of labor organization Teamsters Local Union No. 574 429 N Broadview, P. O. Box 1368 Cape Girardeau, MO 63702-1368	
3. Position in labor organization Recording Secretary	4. Date fiscal year ended 12/31/00	5. File number (if assigned) 41861	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name of Employer Address of Employer

7. Nature of Interest, Transaction or Income

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name of business Address of business
American Income Life Insurance Company P. O. Box 2608
Waco, TX 76797-2608

9. Business deals with—
☒ A. Labor Organization ☐ B. Trust ☐ C. Employer

10. If 9B or 9C is checked give trust or employer's name

11. Nature and approximate dollar value of such dealings

American Income Life Insurance Company issued a Accidental Death Policy in the face amount of \$10,000 to the above officer of Teamsters Local Union No. 574. Fair market value approximately \$20.00.

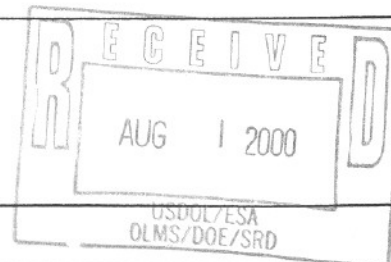
12. Nature of interest held or income received

The officer received a \$10,000 Accidental Death Policy in exchange for regular members names who received a \$1,000 Accidental Death Policy. No income was collected by the officer on the policy. As of July 19, 2000 the amount for the officer has been reduced to \$1,000.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13. Name and address of employer ☐ or consultant ☐ 14. Nature of payment

IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS



15. Signature and verification—The undersigned declares, under the applicable penalties of the law, that all of the information in this report, including the attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct and complete.

Signed: Robin Dale True at Cape Girardeau MO on 7/26/2000
City State Date